



# Rescue Squad Assistance Fund (RSAF) Technical Assistance Webinar

Spring 2022 RSAF Application Deadline: March 15, 2022

# Topics

1. RSAF Overview
2. E-GIFT and RSAF Application
3. RSAF Evaluation Criteria
4. RSAF Review Process
5. New Application Features
6. Application Checklist
7. Q&A



# RSAF Purpose

- The mission of RSAF is to financially assist eligible Emergency Medical Service agencies to purchase EMS equipment and vehicles and provide needed EMS programs and projects pursuant to §§ 32.1-12, 32.1-111.4, and 32.1-111.3 of the Code of Virginia.
- Spring 2022 Deadline: March 15, 2022 at 5 p.m. Eastern Standard Time (EST)

# Overview of Funding

- Match requirement
  - Regular - 50/50
  - Hardship - 80/20
- Two Grant Cycles Annually
  - Deadlines - March 15<sup>th</sup> and September 15<sup>th</sup>
  - Awards - July 1<sup>st</sup> and January 1<sup>st</sup>

In the event the deadline falls on a Saturday, Sunday, or state or federal holiday, the application must be received by 5 p.m. the next business day.

# Funding Areas:

- Grants may be approved for the following:
  1. Establishment of a new EMS agency, program, or service where needed to improve EMS offered in an area;
  2. Expansion or improvement of an existing EMS agency, program, or service;
  3. Replacement of equipment or procurement of new equipment; or
  4. Establishment, expansion or improvement of EMS training programs

# Special Priorities

- Emergency Medical Dispatch
- Emergency Operations
- Innovative (special) Projects
- Multi-Jurisdictional/Agency Projects (MJAP)
- Recruitment and Retention

# Agency Eligibility

- Applicant must be a Virginia non-profit agency/volunteer or governmental organization involved in EMS pursuant to § 32.1-111.12 of the Code of Virginia





# Technical Requirements

- Applicant can submit only one (1) application per cycle, but may request more than one item or unit of equipment per application
- Line items of less than \$500 will be automatically disqualified
- Requested communications equipment must be P25 Compatible

# Technical Requirements

- All Requests shall comply with applicable plans, policies, procedures, and guidelines by the State EMS Advisory Board
- Applications must be submitted through the EMS-Grant Information Funding Tool (E-GIFT)
- Must be registered in eVA as a vendor and fill out the eVA supplemental W-9

# Attachments

- Nonprofit Designation Letter
- Internal Revenue Service (IRS) - Form 990 (Page 1)
- Itemized Quote
- All Multi-Jurisdictional / Agency applicants must submit a signed Letter of Agreement from all parties participating in the grant project.
- Additional documentation as needed
- Line-Item Agency Budget
- Commonwealth Substitute W9

# Unallowable Items

- Leased Equipment or vehicles
- Equipment or vehicles secured by a lien
- Guarantees or warranties
- Fire suppression apparatus or law-enforcement equipment
- Capital improvements
- Office management expenses
- Articles of clothing (t-shirts, hats, etc.) that are not personal protective clothing
- Training courses for EMS provider certification
- Building utilities (electric, gas, water, telephone, etc.)
- State or federal sales tax

# Request Size

- Applicants are encouraged to use the OEMS 2021 Consolidated Grants Product Price List (located under “downloads” on the RSAF webpage) when preparing a quote for their RSAF application.

**\*CORRECTION - please use the OEMS 2022 Consolidated Grants Product Price List**

- Awards will not exceed the maximum dollar amount per category on the 2022 Consolidated Grants Product Price List
- Do not combine multiple pieces of equipment into one quote (i.e. power load and ambulance).

# E-GIFT

- E-GIFT is the web-based grant application system that all applications for RSAF must be submitted through.
- Two types of entities/agencies: Licensed EMS Agency or Non-Licensed EMS Agency in E-GIFT
- Licensed EMS Agency - authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency. Agency Super User must grant roles and establish accounts.
- Non-Licensed EMS Agency - not authorized by the Office of EMS to provide Emergency medical services in the state (ex. EMS Regional Council, Community College, Sheriff's Office, 911 Centers, Volunteer Fire Department, etc.).

# E-GIFT - Users

- The E-GIFT system requires three (3) types of users:
  - The Authorized Agent (AA) - the person responsible for preparing all of the parts of the application (e.g. Grant Writer).
  - The Financial Officer (FO) - the person responsible for verifying the financial information presented in the application is true and accurate.
  - Agency Operational Medical Director (OMD) - the licensed physician charged with EMS Medical Oversight for a given area.

**\*OMD signature is not required for non-EMS agency applications**

# Set Up Security Questions

Security Profile

## Security Questions

Please choose four unique security questions and answers that can be used to verify your identity in case you forget your password.

Security Question1 \* ?  
Please select a security question

Your Answer \* ?

Security Question2 \* ?  
Please select a security question

Your Answer \* ?

Security Question3 \* ?  
Please select a security question

Your Answer \* ?

Security Question4 \* ?  
Please select a security question

Your Answer \* ?

## Change Password

Enter Current Password \*  
current password ?

Enter New Password \*  
new password ?

Confirm Password \*  
confirm password ?

Password must be 10-24 characters \*

Password must contain an upper case letter \*

Password must contain a lower case letter \*

Password must contain a number \*

Password must contain a special character \*

Cancel

Apply Changes



# E-GIFT - Login

Welcome to the Virginia EMS Portal!

Existing Users

Sign In

New User? Sign up

Forgot Password?

**Having Trouble Logging In?**

If you are still having difficulty accessing the EMS Portal, please call the OEMS/VDH Help Desk at 804-864-7200 and choose option 2.

The OEMS/VDH Help Desk is available Monday - Friday during normal business hours, except for state/federal holidays.

Email VDH Helpdesk

EMS Provider Portal

Welcome to the Virginia EMS portal web site. As a reminder, your user ID is your Virginia EMS number. Your password is case sensitive.

If you are having trouble logging in, you can utilize one of the following to assist you:

1. Click on the Reset Password link under the Sign In button on the right. This will allow you to reset your password based upon your security questions.
2. Contact the OEMS/VDH Help Desk at 804-864-7200, option 2. The help desk is available Monday through Friday during normal business hours, except for state/federal holidays.
3. Email the VDH Helpdesk. Click on the Email VDH Helpdesk button on the right to send an email to the helpdesk.

Your Virginia EMS Portal is a powerful gateway to the Virginia EMS system. Through the portal you can:

1. Update your address.
2. Keep your contact information up to date.
3. Change your password.
4. Change your Security question.
5. Check your CE.
6. Confirm your recertification eligibility.
7. Obtain your eligibility to test letter for access to Va. Consolidated Test Sites and National Registry psychomotor examinations.
8. Initiate affiliating with an EMS Agency.

If you have any suggestions for improving the Virginia EMS Portal, please email your suggestions to Chad Blosser at [chad.blosser@vdh.virginia.gov](mailto:chad.blosser@vdh.virginia.gov).

New users and new agencies must register for E-GIFT to apply

You now have the ability to reset your own password!

# E-GIFT - Resetting Password

Reset Password


Enter Your User ID

Cancel

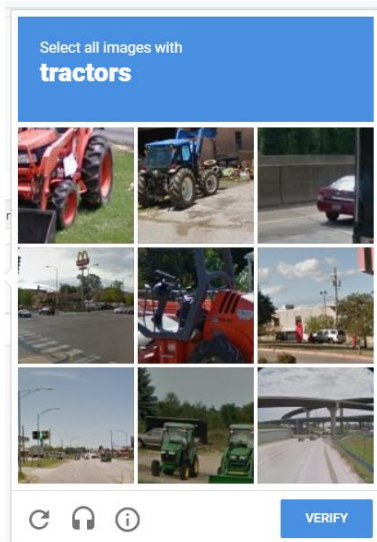
Next

User ID \*

☐ I'm not a robot

  
reCAPTCHA  
Privacy - Terms

Providers and OMDs, use your VA Certification Number as User ID  
Agency Update Users, use first letter of first name and last name as User ID  
All other users, use your email address as User ID



User ID will either be your cert. number or your email address

# E-GIFT - Resetting Password

Reset Password

### Security Questions

< Cancel

Next

These security questions have been retrieved from your profile. Please answer below security questions for identification.

Security Question1 \*

In what city or town did your mother and father meet?

Your Answer \*

?

Security Question2 \*

In what city or town did you meet your spouse/partner?

Your Answer \*

?

- You must answer 2 of the 4 security questions you have established.
- This is a two factor authentication which means a verification code will be sent to the email address on file. You must enter this code prior to establishing a new password.

# E-GIFT - Registration

Sign Up



If you are a Virginia EMS provider, an EMS Physician (OMD or a PDC), have submitted a Virginia EMS Symposium presentation proposal since October 2013, are a Virginia licensed EMS agency superuser or have the agency role code for either "agency update" or "agency inquiry", then you have a Va. EMS portal account and should use that user name and password.

**Note:** If you have an OEMS Portal account, please use that account to register for EMS symposium.

Even if you never accessed the EMS portal, have an EMS Portal account and you fit into any one of above categories then Please select one of the following three options:

1) If you remember your user name and password, then select "I have an account" option here

I have an account

2) If you do not remember your user name and password but you have successfully logged into your account in the past, then select "I forgot my password" option here

I forgot my password

3) If you have never logged in, contact the help desk at 804-864-7200 and choose option 2 or email at OIM\_WebAppsHelp-VDH@cov.virginia.gov or select "Email helpdesk" option here

Email helpdesk

If you do not fit into any of the above categories, select Sign Up option in below area in which you would like to establish a new account.

Call for Presentations

Sign Up

E-Gift

Sign Up

Vendor Registration

Sign Up

# E-GIFT - Registration

## E-GIFT Account Registration

Cancel

Below is a listing of all agencies, both licensed through the OEMS along with organizations that are not licensed but have applied for a grant through the Rescue Squad Assistance Fund in a past cycle.

**Licensed EMS Agencies:** A licensed EMS Agency is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency. You need to contact your agency super user for further assistance.

**Non-Licensed EMS Agencies:** A non-licensed EMS Agency is an agency that is not authorized by the Office of EMS to provide Emergency medical services in the state (ex. EMS Regional Council, Community College, Sheriff's Office, 911 Centers, Volunteer Fire Department, etc).

Select the Agency you wish to submit a grant for from the drop down list below \* ?

☐ Click here to create a new agency if you don't find your agency in the above list.

If the agency is already established, select it from the drop down list. If not select "Click here to create a new agency"

# E-GIFT - Registration

**Non-Licensed EMS Agencies:** A non-licensed EMS Agency is an agency that is not authorized by the Office of EMS to provide Emergency medical services in the state (ex. EMS Regional Council, Community College, Sheriff's Office, 911 Centers, Volunteer Fire Department, etc).

Select the Agency you wish to submit a grant for from the drop down list below \*

☒ Click here to create a new agency if you don't find your agency in the above list.

## Account Registration for Non EMS Agency

Do you have account with OEMS? \*

☐ Yes

☐ No

[?](#)

Do you already have an account of any kind with OEMS? If so select YES and log in with that account. If you do not have an account select NO and you can create an account in the subsequent screens.

# E-GIFT - New Agency Registration

## Organization Information

Agency Name *	ABC Volunteer Fire & Rescue	?
Address Line1 *	100 East St.	?
Address Line2		?
Zip Code *	23059 ^	?
City *	GLEN ALLEN	?
County/City *	HENRICO	?
Regional Council *	Old Dominion EMS Alliance	?
State *	VA	?

Information  
prepopulates  
based on  
agency  
address

# E-GIFT - New Agency Registration

Shipping address must also be in Virginia

Phone Number \*

(804)888-8888 ?

Shipping Address Line1 \*

100 East St. ?

Shipping Address Line2

?

Shipping Zip Code \*

23059 ^ ?

Shipping City \*

GLEN ALLEN + ?

Shipping State \*

VA ?

Organization Type \*

☒ Governmental ☐ Non-Governmental ?

Federal Tax Id # \*

54-1159 ?

Organization Structure

Governmental + ?

Make sure this is correct!



# E-GIFT - Navigation

Grant Applications	
See More >	
Agency Name	
2019 June Standard Grant	Not started
2019 December Standard Grant	Pending

## EMS-Grant Information Funding Tool (E-Gift)

Note: Grant will change from incomplete status to pending status when you submit grant and request e-signatures from Financial Officer and OMD. Status of Financial Officer and OMD can be determined below. Once all e-signatures have been received, grant will be submitted to the OEMS and your status will change to submitted.

### Grant Cycles

New Grant for Non Licensed EMS Agency

Cycle Name	Agency Name	Status	CFO	OMD	Last Modified	Grant Number
2019 December Standard Grant	Agency Name	Pending	Approved	Pending	MM/DD/YYYY	
2019 December Standard Grant	Agency Name	Pending	Pending	N/A	MM/DD/YYYY	

### Grant Management

Grant Number : Agency Name

Grant Summary Award Letter Upload Invoice Extension Submit Final Report Reimbursement Instructions

Grant Number : Agency Name

Grant Summary Award Letter Upload Invoice Extension Submit Final Report Reimbursement Instructions

Grant Applications waiting for your e-signature

# Organization Information

Personnel Information			
Certification			
First Responder	<input type="text"/>	EMT	<input type="text"/>
Enhanced	<input type="text"/>	Intermediate	<input type="text"/>
Driver Only	<input type="text"/>	Other	<input type="text"/>
Paramedic	<input type="text"/>	Advanced Life Support Coordinator	<input type="text"/>
Advanced EMT	<input type="text"/>	Education Coordinator	<input type="text"/>
Total			0
Personnel			
Career	<input type="text"/>	Volunteer	<input type="text"/>
Total			0
Call Activity and Demographics			
Call Activity			
BLS Calls	<input type="text"/>	ALS Calls	<input type="text"/>
Calls Outside Primary Service Area	<input type="text"/>	Average Call Time(minutes)	<input type="text"/>
Average Mileage To Nearest Hospital	<input type="text"/>	Calls Unable To Respond	<input type="text"/>
		Average Round Trip Mileage per Call	<input type="text"/>
Demographics			
Square Miles of Service Area	<input type="text"/>	Population of Service Area	<input type="text"/>
		Total Number Of Stations	<input type="text"/>
Comments			
Enter comments for Call Activity and Demographics			

Totals must match

Explain geography, population, other agencies, and unique challenges or barriers of service area. Explain the nature of calls, and provide a reason for the number of calls unable to respond.

# Organization Information



1 error has occurred

- Certification information with OEMS does not match with the information you entered. Enter Comments for this mismatch. ([Go to error](#))

**\*If the number of certified providers does not match OEMS certification records, you must explain the mismatch in the comments section**

Comments ?

Enter comments if certification details with OEMS does not match with the details you enter


Certification information with OEMS does not match with the information you entered. Enter Comments for this mismatch.

# Statement of Need

## Statement of Need

Please describe the community, regional, or state-wide problems or barriers this project will address. What unique barriers does your agency face and how will you address them?

Describe why your service area needs this project to be funded



# Vehicle Information

Organization Information	Vehicle Information	Financial Information	Requested Items	Additional Information	Summary
--------------------------	---------------------	-----------------------	-----------------	------------------------	---------

☐ This organization has additional vehicles not listed below but are on order. ?

☐ Other agencies use vehicles owned by this agency ?

Vehicle Information

Add Vehicle

Unit Number	Vin	Chassis Box / Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage*	Engine Hours	Edit	Delete
No Vehicles.											

Cross-referenced with OEMS data. Make sure to double check what you enter.

# Financial Information - Non-governmental

Organization Information	Vehicle Information	Financial Information	Requested Items	Additional Information	Summary
<b>Note:</b> Financial Information should reflect (01/01/2018 - 12/31/2018)					
<b>Assets</b>		<b>Liabilities</b>	<b>Other Fees</b>		
<p>Cash Balance * <input type="text"/> ?</p> <p>Real Estate * <input type="text"/> ?</p> <p>Investments (unrestricted) * <input type="text"/> ?</p> <p>Equipment, Vehicles, etc. * <input type="text"/> ?</p> <p>Restricted Funds * <input type="text"/> ?</p> <p>Restricted Funds Description * ?</p> <div></div>		<p>Balance of Open Accounts * <input type="text"/> ?</p> <p>Notes or Mortgages Owed * <input type="text"/> ?</p> <p>Other Indebtedness / Obligations * <input type="text"/> ?</p> <p>Description of Indebtedness / Obligations * ?</p> <div></div>	<p>Service Fee Charged * <input checked="" type="radio"/> No <input type="radio"/> Yes ?</p> <p>If you generate revenue from another agency's billing, indicate "yes"</p>		
<b>Receipts / Revenue</b>		<b>Expenditures</b>	<b>Finance Summary</b>		
<p>Local Government * <input type="text"/> ?</p> <p>26% Return to Locality * <input type="text"/> ?</p> <p>Donations * <input type="text"/> ?</p> <p>EMS Fee for Service * <input type="text"/> ?</p> <p>Fund Raising * <input type="text"/> ?</p> <p>Interest Dividends * <input type="text"/> ?</p> <p>Grants * <input type="text"/> ?</p> <p>Other Revenue * <input type="text"/> ?</p> <p>Description of Receipts/ Revenue * ?</p> <div></div>		<p>Operational Expenses * <input type="text"/> ?</p> <p>Personnel Costs * <input type="text"/> ?</p> <p>Capital Expenditures * <input type="text"/> ?</p> <p>Other Expenses * <input type="text"/> ?</p> <p>Non Operational * <input type="text"/> ?</p> <p>Definition of Capital Expenditures * ?</p> <div></div>	<p>Net Worth * \$0</p> <p>Total Assets * \$0 ?</p> <p>Total Liabilities * \$0 ?</p> <p>Total Receipts * \$0 ?</p> <p>Total Expenditures * \$0 ?</p> <p>Beginning Balance * \$0 ?</p> <p>Cash Difference * \$0</p> <p>Ending Balance * \$0</p>		

# Financial Information - Governmental

Financial Information			
Receipts/Revenue			
	<u>Previous Fiscal year</u>	<u>Current Fiscal year</u>	<u>Change</u>
Donations:	\$0.00	\$0.00	%
26% Return to Locality:	\$0.00	\$0.00	
Grants:	\$0.00	\$0.00	%
<b>Total Revenue:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>%</b>
<u>Description of Receipts/ Revenue:</u>			

Expenditure			
	<u>Previous Fiscal year</u>	<u>Current Fiscal year</u>	<u>Change</u>
Personnel Costs:	\$0.00	\$0.00	%
Operating Costs:	\$0.00	\$0.00	%
Capital Expenses:	\$0.00	\$0.00	%
<b>Total Expenditure:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>%</b>

# Financial Information - Terms

- **Assets** - Cash Balance, Real Estate, Investments (unrestricted), Equipment/Vehicles, Restricted Funds
  - Restricted Funds = funding that can only be used for a specific purpose
- **Liabilities** - Balance of Open Accounts, Notes or Mortgages Owed, Indebtedness / Obligations




# Financial Information - Terms

- **Receipts/Revenue** - Local Government, Return to Locality, Donations, EMS Fee for Service, Fundraising, Interest Dividends, Grants, Other Revenue
- **Expenditures** - Operational, Personnel, Capital, Other, Non-Operational
  - Capital Expenditures = funding used to buy, maintain, or improve fixed assets
- **Finance Summary** - Total Assets, Liabilities, Receipts, Expenditures, Net Worth, Beginning Balance, Cash Difference, Ending Balance

# Financial Information - Budget

Please upload a budget attachment and write a narrative explaining the attachment.

Upload Budget  No file chosen 

Budget Narrative 

Please explain the rationale behind the budget attachment and financial information reported above. Include an explanation of line-item expenses and proposed spending plan.

**\*Make sure budget information matches other financial information**

# Requested Items

Organization Information	Vehicle Information	Financial Information	Requested Items	Additional Information	Summary
<b>Item Details</b> <span>Save</span> <span>Close</span>					
Item Type * <input type="text" value="Select"/>		Item Name * <input type="text"/>		Requested Quantity * <input type="text"/>	
Funding Level * <input type="text" value="Select"/>	Action * <input type="radio"/> Add <input type="radio"/> Replace		Current Quantity * <input type="text"/>		
Total Price * <input type="text"/>	Matching Funds <input type="text"/>		State Funds <input type="text"/>		
Comments * <div>Provide additional explanation if funding level is greater than 50%. Your narrative must explain how you plan to fund the match.</div>					

Use comments to explain the features and specifics of the requested equipment, including why it is ideal for your service area.

\*Remember: do **NOT** bundle equipment such as power loads and ambulances.

# Additional Information

Describe the timeline and intended outcome of the project. What resources will your agency contribute to ensure a positive outcome (matching funds, personnel, equipment, etc..)? What would happen if this were not funded?

Organization Information	Vehicle Information	Financial Information	Requested Items	Additional Information	Summary
<p><b>Brief Project Description</b> * ⓘ</p> <p>Please briefly describe this project</p>					
<p><b>Project /Equipment Sustainability</b> * ⓘ</p> <p>How does your agency propose to sustain this project equipment after funding is complete?</p>					

How will your agency ensure the equipment is sustained?

# eVA Registration Attachment

I have registered in eVA as a vendor and attached the supplemental W9 \*

☐ Yes ☐ No

Please click "Add Document" to upload a file from your computer if you select Yes



All agencies must be registered in eVA as a vendor to do business with the Commonwealth of Virginia. Yes, this means in order to receive grants too.

# Application Summary

Comments by Financial officer, OMD, OEMS

Comments History

No comments found.

☐ \* By submitting your electronic signature, the Authorized Agent and Financial Officer have been designated by the agency/organization to complete and submit a grant request on its behalf. The agency/organization agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services for Rescue Squad Assistance Fund requests. In addition, the Authorized Agent and Financial Officer attest to the agency's or organization's ability to provide the matching funds (if required) to complete the purchase of the requested item(s), should they be awarded state funds. The Authorized Agent and Financial Officer are aware that vehicles and equipment purchased with state monies must be purchased without any financial liens and without the item being used as collateral to secure a loan of any kind. The Authorized Agent and Financial Officer attest to the fact that the Agency(s) that are affected by the possible outcome of this grant request, have been notified and agree to its submission. The Authorized Agent and Financial Officer attest that to the best of his/her knowledge, the information contained herein with regard to the agency's financial condition is true, accurate and correctly reflects the financial condition of the agency/organization. The OMD electronic signature is required all for grants. This electronic signature must be received by the grant deadline date with the electronic signatures from the Authorized Agent, Fiscal Officer and Agency Operational Medical Director (OMD).

Signature

Submit Application

Print Application

**\*RSAF applications require e-signatures from an Authorized Agent, Financial Officer, and Operational Medical Director.**

# E-Signatures

- Licensed EMS Agencies -
  - OMD approval
  - Financial Officer approval
- Non-Licensed EMS Agencies -
  - Financial Officer approval

\* If you are the Authorized Agent AND Financial Officer for your organization, click the checkbox attesting you are the Financial Officer so you can approve the application as both Authorized Agent AND Financial Officer.

# Grant Review Process

- Applications will be forwarded to the following after the grant deadline:
  - Local Regional EMS Council
  - Regional OEMS Program Representative
  - OEMS Staff
  - EMS Advisory Board Committees
  - Other Parties as deemed appropriate by OEMS
- Reviewers will submit recommendations and comments to OEMS within 30 days
- OEMS will provide the Financial Assistance Review Committee (FARC) with all recommendations, comments, and documentation



# Grant Review Process

- FARC reviews recommendations and comments from reviewers and makes final recommendations (score 1-5) to OEMS within 30 days.
- FARC will conduct an award meeting for announcing the requests that received a viable funding grade
- FARC reserves the right to recommend a request be partially funded or to place a condition of funding on any award.
- Within 7 days of the award meeting, a report of the requests that are recommended for funding will be submitted to the Health Commissioner for approval
- Agencies will be notified of decisions via E-GIFT on July 1 and January 1, respectively

# RSAF Award Criteria:

- Grants may be approved for the following:
  1. Establishment of a new EMS agency, program, or service where needed to improve EMS offered in an area;
  2. Expansion or improvement of an existing EMS agency, program, or service;
  3. Replacement of equipment or procurement of new equipment; or
  4. Establishment, expansion or improvement of EMS training programs

# RSAF Evaluation Considerations

- Requested item/project is required for licensure and/or certification by the Rules and Regulations Governing EMS.
- Equipment requested is required for upgrade from BLS to ALS. OMD identified, class availability, statement of endorsement from local governing body supporting upgrade.
- Current personnel trained to operate requested items. Equipment matches level of care. Vehicle requests will be evaluated based on current vehicle inventory, call volume/vehicle/year, mileage, and current number of EMS certified personnel.

# RSAF Evaluation Considerations

- Requesting agency serving more than its own service area, an increasing percent of calls are out of its district.
- Equipment requested to be shared with other EMS agencies.
- If requesting a new ambulance as a replacement, your agency must state the number of engine hours along with the mileage for the replacement.
- Program request identified in local, regional and/or state EMS Plan(s) as priority, impact to citizens served. The program/equipment request is compatible with goals and objectives of the Agency, EMS Region and the Commonwealth.

# Grading Scale

## Grade 1 - Immediate Funding Need

- Alternative funding sources exhausted or unavailable. System will suffer if program postponed. Program request is of greatest impact to citizens served.

## Grade 2 - Definite Funding Need

- Alternative funding limited or delayed availability. Program of high priority. Need is present. Program of high impact to citizens.

## Grade 3 - Project Needed Eventually

- Local funding available in future. System will benefit from improved time table. Limited available funding.

# Grading Scale

## Grade 4 - Project Can Be Delayed

- Local funds available. Program of low impact to citizens served. Consideration will be given as need increases.

## Grade 5 - Project Not Needed / Incomplete Application

- Local funds available. Limited or no impact to service area. Duplication of resources. Consideration will be given as need is evident. Failure to submit a complete application.

# VDH Scoring Criteria

- Health Professional Shortage Area (HPSA)
- Medically Underserved Area/Population (MUA/P)
- Fiscal Stress Index (FSI)
- Return to Localities (RTL)

**\*Please refer to the “RSAF Scoring Criteria” document on the RSAF webpage to calculate your agency’s score**

# Application Attachment Reminder

The Financial Assistance Review Committee (FARC) has requested the following items as standard attachments:

- Budget
- First page of IRS 990
- Commonwealth Substitute W9
- Itemized Quote



# Application Checklist

- ✓ Have I adequately described the need for this project?
- ✓ Have I uploaded all attachments?
- ✓ Have I documented financial hardship (if necessary)?
- ✓ Is my information accurate, consistent, and digestible?
- ✓ Does my FO and OMD know they need to sign and how?
- ✓ Is my writing clear, concise and free of errors?
- ✓ Have I provided adequate context for my request?

\*Utilize **ENTIRE** Application to capture the information reviewers need to give you a passing grade.

# RSAF Applicant Resources

- RSAF Webpage - <http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/>
- Luke Parker - [luke.parker@vdh.virginia.gov](mailto:luke.parker@vdh.virginia.gov)
- Linwood Pulling - [linwood.pulling@vdh.virginia.gov](mailto:linwood.pulling@vdh.virginia.gov)



# Questions?